

**District Assessment Accommodations for LEP Students**

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_ **SIMS:** \_\_\_\_\_

1. ☐ Student will be taking the assessment without accommodations.
2. ☐ Student will be taking the assessment with the accommodations and/or modifications.

**\*\*\*Teams must consider if the accommodations and or modifications are approved for the applicable test administration.**

**\*\*\*List the accommodations and/or modifications the student will be taking for each test/test area.**  
(Only those accommodations and or modifications identified for instruction can be considered for state and district wide testing. Teams must also consider if the accommodations and or modifications are approved for the applicable test administration. See the Test Coordinator's Handbook for guidance.)

<b>Dakota STEP</b> Grades 3, 4, 5, 6, 7, 8, and 11	<b>Stanford Writing</b> Grades _____ and _____	<b>District Specific Tests</b> Test Name: Grade:
<b>Reading</b>	<b>Writing</b>	<b>Areas(s):</b>
<b>Math</b>		
<b>Science</b> Grades 5, 8, and 11		

**Team Members:**

**Name:**

**Title:**

**Date:**
